# CITY OF MILLVILLE HOUSING PROGRAMS



"A MAIN STREET NEW JERSEY
COMMUNITY"
12 SOUTH HIGH STREET
P.O. BOX 609

MILLVILLE, NEW JERSEY 08332 TELEPHONE: (856) 825-7000 Ext.7288 FAX: (856) 293-0721

www.millvillenj.gov

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)

HOME INVESTMENT PARTNERSHIP PROGRAM (HOME)

### REHAB DOCUMENTATION CHECKLIST

Applicants initial that you provided the following:
Current Signed Federal Income Tax Return
Copy of pay stub
Copy of Social Security Check
Copy of Unemployment Check
Any other proof of income
Copy of deed to the property
Proof of homeowners insurance
Proof of current taxes, water and sewer

\*\* PLEASE NOTE: Applicants will not be processed without all required documentation \*\*

Please call the Housing Rehab Office at (856) 825-7000 Ext. 7288 for an appointment or if you have any questions regarding the application process.

## **APPLICATION FOR HOUSING REHABILITATION**

Date:		Phone:		
Name:		Size of hou		
Address:				
Owner occupant single family-primary	place of residence	ce: Yes	_ No	)
Deed in applicant's name	Yes	No	) <u></u>	
Length of residency	yr			
Marital Status			_ Divorced	Widow
Does any other party have interest in th	e property?	Yes	No	
Main language spoken in household:	English	Sp	anish	Other
Source of Income (CHECK ALL THA'  Employment Income  Welfare Payments  Social Security  Pension Payment  Interest and Contributions  Gross and Net Rental Income  Adjusted Gross Income from Wa  Other Income (Specify)		\$\$ \$\$ \$\$ \$\$ \$\$		
Please list the problems in 1. 2. 3.		you would c		
4				

## **Housing Information**

Name	Relationship	Age/DOB	Income/Frequency	Social Security
1				
2				
3				
4				
6				
7				
8				
Incorrect or false i	by that the income and assenformation submitted on you are not entitled, due to City of Millville in full.	our application c	an render you ineligible.	If you receive
Signature if Appli	cant	Sign	ature of Applicant	
Date		Date		

#### **Rehab Program Description**

The City of Millville has 2 rehabilitation programs available to residents.

The following program is offered to assist homeowners in maintaining the quality and value of their homes.

Community Development Block Grant (CDBG) Program Home Investment Partnership Program

Each program has specific income requirements. Based upon the application our housing rehab office will determine the best program for each applicant.

Eligible applicants will receive a loan that will be due (with no interest or interim payments) upon sale, transfer of title or ceases to use the property as a principal residence. At which time, the full amount will be due to the City of Millville.

Project Example: \$16,000.00 Project for new roof and windows

\$16,000.00 Mortgage Unforgivable Lien

The home will be inspected by the housing rehab office. Any code compliance violations will be addressed and will be included in the rehab project. All completed projects will meet code compliance standards. Materials used in projects may have a maximum allowable price. Any additional funds over the maximum price will be paid by the homeowner prior to installation.

All homes built prior to 1978 will require a lead assessment if any paint is being disturbed during the rehab project. When required, this assessment will be performed by a Lead Risk Assessor certified by the State of New Jersey. All lead hazards will be removed by a certified lead contractor this will be funded by the grant.

By signing this doc	cument, I u	nderstand and will comply with the	terms of the housing rehab p	rogram.	
Date		Signature of Applicant	Signature of Applica	Signature of Applicant	
		FOR OFFICE USE ON	<u>Y</u>		
Approved:	Yes_	No			
Reason for Ineligi	bility:				
Income:		Out of Target Area:	Other:		
Ethnicity:		Caucasian-Non Hispanic African American-Non Hispanic American Indian or Alaskan Nati Hispanic Asian/Pacific Islander Other:	e		
Applicant's Incom			Entremolo I con limi	<b>4</b>	
Moderate 1	iiiits	Low/Mod limits:	Extremely Low limi	ts	
Grant Eligibility:		Amount			
	HOME	\$			
	CDBG	\$			
Eligibility Determi	ned By:		Date:		
Checklist Verified	Ву:		Date:		